



SANTA CLARA FIRE DEPARTMENT
DIVISION OF FIRE PREVENTION
1675 LINCOLN STREET
SANTA CLARA, CALIFORNIA 95050
(408) 615-4970 Schedule Inspection Appointments
(408) 615-4987 Code Requirement Information

Spraybooth Permit Application

REQUIRED AT TIME OF SUBMITTAL: **Application to be submitted only by the Installing Spraybooth Contractor or Building Owner. Two (2)** sets of plans including plans for the fire protection system, manufacturer specifications for the spray booth and a scaled floor plan of the building showing the location of existing and new spraybooths, location of mixing rooms and all other auxiliary equipment (i.e. ovens, racks, etcetera.) In addition, submit the Building Occupancy Classification Inventory form for each room/area in the building. (See attached form/example.) Submittal package shall include all pertinent information required by the Uniform Fire Code and any applicable NFPA standards.

PLEASE PRINT OR TYPE. INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT PROCESSING

Job Address:			(For Office Use Only)	
			Fire Permit #: FIR -	
Bldg. #:	Suite #:	UBC Occupancy Class of overall Building and each room/area:		
			Permit Type: SPRAYBOOTH	
Area Name:		Room Name:		Station #:
Business / Tenant:			Date:	
Type of Extinguishing System: (Circle One)			Permit Fee:	
Dry Chemical			Check #:	
Other _____			Automatic Sprinklers	
Describe the specific work to be performed:				

Installing Contractor for SPRAYBOOTH :		Contractor License #:	
Address:		Contact Person:	
City:		Phone: ()	Fax: ()
State:	Zip:	Job Reference #:	
City of Santa Clara Business License #:		Date Expires:	
Installing Contractor for FIRE PROTECTION SYSTEM :		Contractor License #:	
Address:		Contact Person:	
City:		Phone: ()	Fax: ()
State:	Zip:	Job Reference #:	
City of Santa Clara Business License #:		Date Expires:	
Company / Person paying for permit:		Phone: ()	Fax: ()
Address:		Contact Person:	
City:		State:	Zip:

NOTE: Permit application will expire within 180 days of last inspection, unless you submit a written request for approval of an extension.

Please compute the plan check fees using the information below.

Initial Fee (\$250 per booth):	() x \$250 =	\$
TOTAL FEE:		\$

Please make checks payable to: Santa Clara Fire Department.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent

Print Name

Date: